

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	VT	69607	3-27-99
O.I.P.E. CLASSIFIER		10	4-1-99
FORMALITY REVIEW	89/87	88578	4-7-99
			5/12/99

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral).... Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
1	10/05/03
2	19/10/99
3	01/02/05
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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